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Bib Data Sheet

CONFIRMATION NO. 7183

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/728,003 | FILING OR 371(c)<br>DATE<br>12/03/2003<br>RULE | CLASS<br>002 | GROUP ART UNIT<br>3765 | ATTORNEY<br>DOCKET NO.<br>118E-0142CIP |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

Trevor P. Ashline, Mooresville, NC;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/660,230 09/09/2003 which claims benefit of 60/409,085 09/09/2002 and is a CIP of 10/335,341 12/31/2002 PAT 6,871,360 and is a CIP of 29/161,634 05/31/2002 and said 10/335,341 12/31/2002 is a CIP of 09/993,839 11/16/2001 PAT 6,499,149 and said 29/161,634 05/31/2002 is a CIP of 09/837,215 04/19/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/04/2004**

|                                 |   |                        |                      |                    |                         |
|---------------------------------|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>NC | SHEETS DRAWING<br>18 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                        |                      |                    |                         |

**ADDRESS**

53587

**TITLE**

HEAD RESTRAINT DEVICE WITH RIGID MEMBER FOR USE WITH A HIGH-PERFORMANCE VEHICLE

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>685 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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